



Maricopa County  
Ryan White Part A Program  
Policy and Procedures

Eligibility

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**1. PURPOSE:**

To guide the administration of the Ryan White Part A Program to provide a standard and centralized system to determine client eligibility within the Ryan White Part A continuum of care.

**2. ELIGIBILITY POLICIES:**

**2.A. Determining Client Eligibility and Documentation**

All persons seeking services must be determined “eligible” to receive services under the Ryan White Part A (RWPA) program. To be or remain eligible for the Part A program, a client must meet and have on file proof of the following conditions:

- Verification of HIV Positive Diagnosis
- Verification of residency within the Phoenix EMA
- Verification of current household income
- Verification of other payer source/insurance

Ryan White Part A is the payer of last resort. As such, all providers must make every effort to ensure that all funding options are exhausted prior to billing services under Part A contracts. All clients must be screened to determine that Part A is that payer of last resort. In instances when AHCCCS (Arizona Health Care Cost Containment System) or any other state or federal programs are available for that service, a client must show proof of ineligibility.

All documentation, with the exception of HIV diagnosis, must be verified at minimum every twelve months and at the time when a client’s income changes impacts the level of services available to that client, as defined by the menu of services. This ensures that the information is current and the client remains eligible for Part A services.

**2.B. Verification of HIV Positive Diagnosis (Medical Eligibility):**

Once a correct HIV status document is collected and available for review, an HIV status document does not need to be collected every twelve months. The following documentation has been deemed acceptable within Federal and County guidelines:



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**Lab Reports:**

- HIV quantitative viral load by bDNA or PCR showing detectable virus level with the client's name imprinted on the laboratory report; or
- Un-named ADHS lab result accompanied by named lab slip, ensuring that the lab slip number appears on both documents as a cross reference
- Lab report of positive HIV antibody reactivity with client's full name
- CDC lab report

**Medical Statements:**

- A statement or letter signed by a medical professional (acceptable signatories are listed below), on office letterhead/prescription pad indicating that the individual is HIV positive and must accompany a lab test to confirm current HIV status within 60 days.
- It is the responsibility of the provider to follow up and receive the accompanying lab test from the medical provider's office within the 60 day period.

Acceptable signatories include:

- A licensed physician
- A licensed physician assistant
- A licensed nurse practitioner

2.C.Documenting Verification of Residency within the Phoenix EMA

A recipient of Part A services must be a resident of Maricopa or Pinal counties, with documentation in chart and verified by the provider. Proof must be current (issued within twelve months). The **items** below contain document types which may be considered for use by Part A contractors when determining EMA residency.

Any one of these documents will be accepted as proof of residency as long as the address is a land address, not a P.O. Box, issued within the past twelve months, not expired, and is the same as the client's stated address on intake/application documents. Such official documents with address present include:

- Food stamp documentation
- General assistance documentation
- TANF (Temporary Assistance for Needy Families) documentation



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- AHCCCS approval letter
- Social Security or Veteran's Administration Benefits award letter
- Unemployment award/benefits statement
- Property tax statement
- Homeowners Association (HOA) assessment/fee statement, or
- Mortgage or lease agreement indicating the client's name and residence
- Non-property tax bill or tax assessment statement
- W-2 (tax) form from employer (most recent tax year)
- Check stub from employer (most recent tax year)
- Bank statement (most recent month)
- Drivers license
- Motor Vehicle Department-issued identification card, and/or
- Utility bills
- Written statement from a homeless service provider (shelter, clinic, food program, etc.) verifying homelessness
- A billing statement from a department store, doctor's office, insurance company, cell phone company
- An official piece of mail
- A statement from a service provider indicating the provider has met with client in a home visit at a specific address in the Phoenix EMA
- Other verification document dated letter mentioning client by name & address where they reside. (i.e.; from Friends, Family, person that can verify the clients address,)

The address for a Ryan White Part A funded case management provider may be accepted as a mailing address in cases where homelessness and proof of residency have been established, as approved/initiated by the service providers.



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Occasionally a special circumstance may occur when a client cannot provide residency documentation consistent with the policy, but is a resident of the EMA. These situations will be considered on a case-by-case basis by the provider and the Maricopa County, Ryan White Part A Program. The RWPA, Ryan White Part A Program shall have final authority.

2.D.Documenting Verification of Current Household Income

Client annual income must be documented in relation to current Federal Poverty Level (FPL) and documented to be eligible according to the contract requirements. Regulations require that Part A services are restricted to clients with specific household income limits based on Federal Poverty Level (FPL). Household income and size measurements reflect the current AHCCCS model. The specific income limitations may vary according to service category and are defined in the Menu of Services in the appendix. The current FPL can be found at <http://aspe.hhs.gov/poverty/>

Client must provide proof of income that is current within unless otherwise indicated. Proof of income, with payee's name indicated, includes all of the following types of documentation that apply to client and each member of his/her household

- Check stubs listing gross wages/employer's statement listing gross wages
- Self-employment business records
- Income award letters/grant or educational benefits letter
- Social Security award letters, food stamp, G.A., or AFDC award letters, and /or
- Other current documentation showing income or source of assistance received (this may include a latest W-2 [tax] form)

If income status is unchanged from the previous certification/determination and documentation is valid in date, the agency and client should so attest at time of re-certification. If the client is unemployed, and not receiving any federal/state assistance such as General Assistance, SSI or SSDI, agencies may use a statement of no income(a sample model is provided in Section 3) to document the client's status every twelve months.

2.E.Documenting Verification of Other Payer Source

Ryan White is the payer of last resort. Providers are responsible to ensure that clients are screened for ineligibility of other funding sources covered by Federal or State programs (e.g., AHCCCS, Veteran's benefits, or other programs).



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The provider of services is responsible to maximize all other revenue streams including self-pay and all sources of third party reimbursements prior to serving a client with Ryan White funds. In limited urgent circumstances, services may be provided with a presumptive/probable eligibility for gap coverage while a client's eligibility is determined for other payer sources. In such cases, a client cannot be billed using Ryan White until final determination is made, however revised billings may be submitted in subsequent periods (within 60 days of service) if Ryan White funding has been deemed appropriate and final determination has been received.

It is the responsibility of each Provider to develop an internal system/procedure to monitor this screening process and ensure that third party reimbursements are appropriately tracked, utilized, and accounted for. All clients must be screened to determine eligibility of services from the Regional Behavioral Health Authority (RBHA), Arizona Health Care Cost Containment System (AHCCCS), Arizona Long Term Care Services (ALTCSS), Veterans Affairs (VA), and any other funding sources available..

The process for proof for other payer source for the Arizona Health Care Cost Containment System (AHCCCS) eligible services in the Phoenix EMA has been amended to incorporate one of two ways to determine ineligibility:

- Submission of an AHCCCS denial letter
- Completion of AHCCCS ineligibility form for clients that do not otherwise meet AHCCCS ineligibility. See AHCCCS Ineligibility Form in Appendix.

### 2.F.Release of HIV Information

The following requirements and guidelines are consistent with Maricopa County Ryan White Part A Program contracts, RWPA policy, and the Arizona Revised Statutes (A.R.S.) §§360663 and 664.

All contractors must secure from all clients receiving Ryan White funded services a release authorizing disclosure of named information, to the Maricopa County, Ryan White Part A Program. Each client file documenting the provision of Part A services must contain such a release form signed by the client. This release must grant access to named confidential file information to the RWPA for the purpose of grant administration/monitoring for a period of one year from date of signature. See Release of Information documents in Appendix.

Failure to secure such signed releases from all non-anonymous clients may result in disallowance of all claims to County for contracted services provide to those eligible individuals. If the Contractor is authorized by the County to provide services anonymously, such a release is not required.



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Inter-agency information exchange—verbally, electronically, in writing or fax—by named HIV positive client, is clearly subject to Arizona statute. No agency should release named HIV-positive client data to any other entity without a signed client release authorizing specific release to a specific agency/person for a specific purpose. All authorizations for release of named client level confidential information must be signed, dated and clearly state to whom the data are to be provided, from whom the data are to be released, and the specific purpose of its release. Be specific about to whom the data are to be released (e.g., “Care Directions”) not “case manager” or case management entity. General releases are not allowed via A.R.S. §§36-663 and 664, and will not be accepted by the RWPA.

Further information and specific contractor requirements in the area of securing data releases and authorizing transfer of named data subject to A.R.S. §§36-663 and 664 are included in each provider contract.

2.G.Client confidentiality

Funded providers must have established policies and procedures for ensuring confidentiality of all clients served. This includes maintaining records in a secure place. All Providers must comply with HIPAA (Health Insurance Portability and Accountability Act).

2.H.Eligibility Document Retention

Providers shall maintain all records and other documents related to services provided for a period of five (5) years from the date of service, except in cases where unresolved audit questions require retention for a longer period as determined by the Maricopa County, Ryan White Part A Program. The provider shall make such records and documents available for inspection and audit at any time to authorized representatives.

**3. STANDARD CLIENT ELIGIBILITY CRITERIA:**

The following conditions must be met in order for a client to be considered eligible:

- Document HIV positive serostatus;
- Document Maricopa or Pinal county residency;
- Document income levels within the eligibility guidelines for the service category, as outlined in the Menu of Services found in Appendix;



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- Proof that Ryan White Part A is the payer of last resort, i.e. all other funding sources have been exhausted.

3.A.Exceptions to standard eligibility criteria:

**Outreach:**

Clients reported for case findings are exempt from meeting regular eligibility criteria but must be entered into CAREWare. See Section 2, Outreach Services.

**Case Management:**

In certain circumstances, a client who has previously received case management services, and is currently "Not Eligible" according to the Central Eligibility status in CareWare, may need minimal assistance in continuing care to meet his/her needs. Services may be provided by the agency on a restricted basis, without first collecting eligibility documents with the following limitations:

- Proof of HIV status must be on file.
- No more than 5% of total monthly case management units will be billed per grant year. The units can be billed for no more than two consecutive months in a row.

These units must be reported under the "No Funding" funding source in CareWare. See Section 2, Case Management- Medical Case Management and Nonmedical Case Management for more information.

**4. CENTRAL ELIGIBILITY POLICIES AND PROCEDURES**

Centralized Eligibility allows for clients to enter and recertify within the Ryan White Part A continuum of care by allowing any funded Ryan White Part A Provider to utilize a centralized CAREWare database and standardized forms to intake, collect, and report eligibility.

4.A. Eligibility Determination:

It is the responsibility of each Provider collecting eligibility documentation to receive approved eligibility documents which are compliant with the Policies and Procedures. Providers are required to maintain accurate and appropriate client



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files for any client that certifies/recertifies at their agency, including all recertification documentation, as described above (Eligibility Policies).

- **All Providers must utilize CAREWare to monitor the eligibility status of each client prior to providing Ryan White Part A services.**
- Appropriate client authorized releases of information for Maricopa County Ryan White Part A Program must be on file to allow for the proper communications needed to monitor eligibility and reporting of client activity. See Appendix for Eligibility Forms.
- Each Provider is responsible for the assurance that Ryan White Part A funds are utilized as the payer of last resort as defined by HRSA, as outlined above under "Guidelines for Documenting Verification of Other Payer Source." This requirement may result in additional screening beyond items addressed in central eligibility documents.
- All correct and completed eligibility packets must be entered into CAREWare within 48 hours of receipt at the agency where obtained.
- Appropriate services given to clients whose eligibility status in CAREWare is "pending" or "current" will be reimbursed as long as the client is within the acceptable income range for the service category. See Appendix for Menu of Services.
- Printed two page reports from CAREWare can be used as proof of eligibility – if the client shows as "current" when the report is printed and the report is printed within the current grant year. "Current" status may appear as code 571.

4.B. Acceptable Paperwork and CAREWare Data Entry

- All Providers are required to utilize the forms and process approved by the Administrative Office. Standard forms include:
  - **Arizona Ryan White Programs Application:** includes the optional Non-Traditional Income Form, optional AHCCCS ineligibility form and Optional Income Worksheet. Completed at time of recertification.
  - **Change in Residence/Income Form:** utilized when client change in residency or income does NOT affect the clients eligibility to receive a Ryan White Part A service.
  - **Release of Information**



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See Eligibility Forms can be found in the Appendix.

- The Ryan White Programs Application and Change in Residence/Income form must be entered into the CAREWare electronic forms for each client that the agency collects documentation from. Electronic submission should only occur after the application is completed in full and required eligibility documents are collected.
- All information in the Ryan White Programs Application must be entered by the provider into CAREWare.
- New providers or providers under an improvement plan will be required to fax completed packets to the Ryan White Part A Program for review during a determined amount of time.
- Providers that encounter potential duplicate clients in the CAREWare system will notify the Administrative Agent with the two client URNs. Providers will also identify which URN is believed to be correct.
- Supporting documents must meet the requirements outlined in the Eligibility Policies of Section 3 – Client Eligibility.

4.C. AHCCCS Ineligibility:

- The AHCCCS Ineligibility Form may be used as documentation for verification of other payer source for AHCCCS only. Use of the AHCCCS Ineligibility Form does not exhaust all other payer sources. Providers remain responsible for researching all other possible payer sources prior to billing the Ryan White Part A Program.
- The AHCCCS Ineligibility Form is ONLY appropriate for clients that are clearly unable to meet AHCCCS guidelines.
- Forms should only be completed by providers trained on AHCCCS requirements such as case management agencies and primary medical care offices.
- If there is any question regarding a client's ability to qualify for AHCCCS, the provider should assist the client in applying for AHCCCS coverage.

4.D. Recertification



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- Client recertification, which includes completion of Ryan White Programs application and collection of appropriate support documents, is required at a minimum of twelve (12) months for income, residency, and proof of insurance.
- In some circumstances, recertification may be necessary before the twelve (12) month period has ended:
  - Change in the enrolled individual's annual family income resulting in a change of federal poverty level from one level to another level (higher or lower). For example a recertification would be required if a client's FPL changes from 175% to 201%. A recertification would NOT be required if the FPL changes stayed within the same 100% i.e. A FPL change from 235% to 278%.
  - Change in residency to outside Maricopa or Pinal county.

4.E. Disenrollment:

In some situations, a client may be determined ineligible for Part A services, or have their eligibility status terminated.

- A Client's eligibility documentation has expired (12 months).
- Information submitted to Maricopa County by the Provider and/or client is inaccurate, incomplete, or falsified.
- The client exhibits violent or threatening behavior to an employee of the Provider or Ryan White Part A program, as determined by the Provider representative.
- A client becomes eligible for another payer source for the services provided.